

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7894**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5135** Registrar's No. **220**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Butler	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk, Mo. Rural	a. STATE Mo.	b. COUNTY Butler
c. LENGTH OF STAY (If applicable)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fisk, Mo. Route #1		d. STREET ADDRESS (If rural, give location) Route #1	

3. NAME OF DECEASED (Type or Print)	a. (First) Flora	b. (Middle) Fortner	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) March 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1901	9. AGE (In years) (Months) (Days) (Hours) (Min.) 52 3 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dunklin County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lee Fortner	13b. MOTHER'S MAIDEN NAME Jane Windels	14. NAME OF HUSBAND OR WIFE Alto Gray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alto Gray, Fisk, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) Anemia, secondary	1 yr.
		DUE TO (c) Carcinoma cervix Uteri	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1953, to Mar, 1954, that I last saw the deceased alive on 13 Mar, 1954, and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) April A. Post, M.D.	23b. ADDRESS Poplar & Bluff, Mo.	23c. DATE SIGNED 27 Mar 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-54	24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery	24d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.
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DATE REC'D BY LOCAL REG. 3/30/54	REGISTRAR'S SIGNATURE R. H. Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Funeral Chapel
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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RECEIVED
APR 5 - 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 6 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Poplar Bluff - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.